

Department of the Treasury
Internal Revenue Service

Name of filing organization

► Must be completed by organizations that report more than \$10,000 on Form 990, Part IV, line 11a or Part V, line 11e

OMB No. 1545-0048

20XX

Open To Public Inspection

Employer identification number

1a Indicate whether the organization raised funds through any of the following activities. (Check all that apply)

- ☐ mail solicitations
- ☐ email solicitations
- ☐ phone solicitations

- ☐ grants from governments or organizations
☐ special events (complete Part II below)
☐ gaming (complete Part III below)

YES

NO

b Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part III) or organization in connection with these or other fundraising activities? If "Yes," complete the table

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(i) Name of individual or organization	(ii) Activity	(iii) Gross receipts from activity	(iv) Amount paid to (or retained by individual or organization listed in (a))	(v) Amount paid to organization
	TOTAL			

YES

NO

2 Do any of the organization's officers, directors, or key employees, or members of their families have a family or business relationship with any individual or organization listed above? If "Yes," complete Form 990, Part II, Section B, Line 5f

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3 List all jurisdictions in which the organization is authorized to solicit funds:

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (sum of (a)-(c))	
			_____	_____	_____		
			(event name)	(event name)	(total number)		
Revenue	1	Gross receipts					
	2	Charitable contributions					
	3	Gross revenue					
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/Facility costs					
	7	Other direct expenses					
	8	Direct expense summary (Sum lines 4-7, column (d))					
	9	Net Income Summary (Enter the difference between lines 3(d) and 8(d))					

Part III Gaming

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (sum of (a)-(c))
Revenue	1 Gross Revenue				
Direct Expenses	2 Cash Prizes				
	3 Non-Cash Prizes				
	4 Rent/Facility Costs				
	5 Other Direct Expenses				
	6 Volunteer Labor	<input type="checkbox"/> YES % <input type="checkbox"/> NO	<input type="checkbox"/> YES % <input type="checkbox"/> NO	<input type="checkbox"/> YES % <input type="checkbox"/> NO	
7	Direct expense summary (Sum lines 2-5, column (d))				
8	Net gaming income summary (Enter the difference between lines 1(d) and 7(d))				

		YES	NO
9a	Did the organization secure proper identification from vendors and prize winners of reportable gaming (gambling) winnings?		
9b	If "No," did the organization comply with backup withholding rules for reportable payments to vendors and prize winners of reportable gaming (gambling) winnings?		
c	Enter number of Forms W-2G filed for gaming activities _____		
10a	Did the organization provide any workers with awards, bonuses or gifts (other than non-cash items of nominal value)?		
10b	If "Yes," did the organization provide the workers with a Form W-2 or Form 1099?		
11	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain:		
12a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If "Yes," Explain:		
13	Does the organization operate gaming activities with nonmembers?		
14	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		
15	Indicate the percentage of gaming activity operated in:		
a	The organization's facility: 15a %		
b	An outside facility: 15b %		

		YES	NO
16	Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name: _____ Address: _____		
17a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	17a	
b	If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
18	Gaming Manager Information Name: _____ Gaming Manager Compensation \$ _____ Description of Services Provided: _____ <input type="checkbox"/> Director/Officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent Contractor		
19	Mandatory Distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	19a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$ _____		